TRAVEL EXPENSES
WASHINGTON COUNTY, TEXAS

NAME OF PERSON SUBMITTING REPORT:_____
NAME OF DEPARTMENT:_____ DATE:_____
PURPOSE OF TRAVEL:_____ DESTINATION:_____

MEALS AND LODGING: The receipts must be attached to this form. The total meals for the day should not exceed the daily amount of $38.00 including gratuity. Per Diem will not be allowed. **NON-OVERNIGHT MEALS ARE TO BE PAID WITH PERSONAL FUNDS AND NOT WITH COUNTY CREDIT CARD.**

Date	Morning Meal	Noon Meal	Evening Meal	Actual Lodging Expense	Daily Total

TRAVEL AND TRANSPORTATION
Airline, Bus, Train (Attach Travel Ticket)---------- _____
Personal Auto _____Miles at 55.5 cents per mile---------- _____
Other Travel or Transportation Expenses – Taxi, Parking, etc. (Attach Receipts) _____
OTHER EXPENSES
Conference Registration (Attach Receipts and Copy of Program)---------- _____

REQUEST FOR REIMBURSEMENT **$**_____

CREDIT CARD CHARGES **$**_____

Please place a "C" by all credit card charges and enter amount on the above line. All other charges Payable to above individual please enter on "REQUEST FOR REIMBURSEMENT."

CERTIFICATION BY EMPLOYEE: "I certify that the expenses as shown on this form are true and correct Statement of expenses incurred by me while traveling on official county business."

_____
SIGNATURE OF EMPLOYEE DATE

CERTIFICATION OF OFFICIAL OR DEPT. SUPERVISOR: "I certify that the above named employee received proper authorization for official county travel. I have examined the request for reimbursement and approve the same for payment.

_____
SIGNATURE-OFFICIAL/DEPT. SUPERVISOR DATE

BUDGET ACCOUNT (S) TO BE CHARGED

_____ _____
COUNTY JUDGE DATE

_____ _____
COUNTY AUDITOR DATE